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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/625,236
Filing Date	JULY 22, 2003
First Named Inventor	HELEN CASTIGLIA
Art Unit	2875
Examiner Name	STEPHAN F. HUSAR
Attorney Docket Number	CASTIGLIA - 1

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

☒ Firm or  
Individual Name BERNARD S. HOFFMAN

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature *Helen Castiglia*

Name HELEN CASTIGLIA

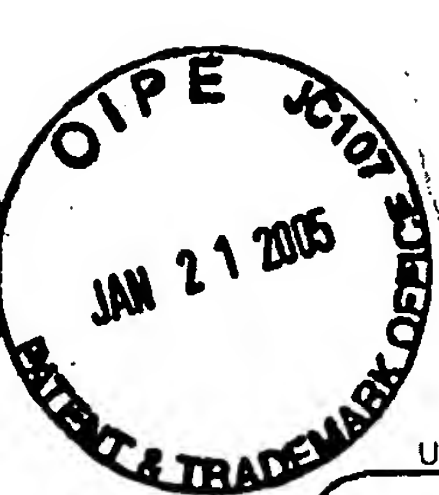
Date 1/18/05 Telephone (631) 281-4010

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below\*.

☒ \*Total of 1 forms are submitted.

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY  
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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/625,236
Filing Date	JULY 22, 2003
First Named Inventor	HELEN CASTIGLIA
Title	DECORATIVE LIGHTING SYSTEM...
Art Unit	2875
Examiner Name	STEPHAN F. HUSAR
Attorney Docket Number	CASTIGLIA1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
BERNARD S. HOFFMAN	30,756

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	BERNARD S. HOFFMAN				
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City	PORT JEFFERSON STATION	State	NEW YORK	Zip	11776
Country	U.S.A.				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Helen Castiglia</i>	Date	1/18/05
Name	HELEN CASTIGLIA	Telephone	(631) 281-4010
Title and Company	APPLICANT		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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